

City of Milwaukee – Choice Plan

QUICK REFERENCE FORMULARY

ANTI-INFECTIVES

Penicillins

amoxicillin	G
amoxicillin/clavulanate	G
penicillin vk	G
AUGMENTIN XR	NC

Cephalosporins

cefaclor	G
cefadroxil	G
cefdinir	G
cefprozil	G
cefuroxime	G
cephalexin	G
OMNICEF	B
CEFTIN	NC
SPECTRACEF	NC

Macrolides

azithromycin	G
clarithromycin (er)	G
erythromycin (all forms except PCE)	G
ERY-TAB	B
DYNABAC	NC
PCE	NC

Quinolones

ciprofloxacin (er)	G
ofloxacin tab	G
AVELOX	B
LEVAQUIN	B
CIPRO CYSTITIS	NC
MAXAQUIN	NC
NOROXIN	NC
TEQUIN	NC

Miscellaneous Anti-Infectives

clindamycin 150 mg	G
erythromycin/sulfisoxazole susp	G
metronidazole	G
nitrofurantoin	G
monohydrate/macrocrystals	G
rifampin	G
smz-tmp (os)	G
ACTIMMUNE (SP)	B
DAPSONE	B

VANCOGIN	B
ZYVOX (PA)	B
FLAGYL ER	NC
KETEK	NC
clindamycin 300 mg	NC

Anti-Fungals

clotrimazole troche	G
fluconazole	G
griseofulvin	G
itraconazole (PA)	G
ketoconazole	G
nystatin tab/susp	G
terbinafine	G
GRIFULVIN	B
VFEND (PA)	B

Anti-Virals

acyclovir	G
amantadine cap	G
ribavirin (SP)	G
rimantadine	G
HEPSERA	B
INTRON A (SP)	B
PEG-INTRON (SP)	B
PEGASYS (SP)	B
REBETRON (SP)	B
VALTREX	B
COPEGUS	NC
FAMVIR	NC
RELENZA DISKHALER	NC

HIV DRUGS

All HIV drugs are covered.

CARDIOVASCULAR

Diuretics

amiloride/hctz	G
furosemide	G
hydrochlorothiazide	G
metolazone	G
spironolactone	G
triamterene/hctz (GW)	G
DIAMOX SEQUELS	B

Beta Blockers

atenolol (GW)	G
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betaxolol	G	verapamil (sr) (GW)	G
bisoprolol/hctz (GW)	G	CARDIZEM LA	B
labetalol	G	EXFORGE	B
metoprolol (GW)	G	LOTREL	B
metoprolol er	G	CARDIZEM CD	NC
metoprolol/hctz	G	COVERA-HS	NC
nadolol	G	PLENDIL	NC
propranolol (er)	G		
COREG	B	Other Cardiovascular Agents	
INNOPRAN XL	B	doxazosin (GW)	G
COREG CR	NC	prazosin (GW)	G
LEVATOL	NC	terazosin	G
		CATAPRESS-TTS	B
ACE Inhibitors		RANEXA	B
benazepril (hctz)	G	TRACLEER	B
captopril (hctz)	G	LEXCEL	NC
enalapril (GW)	G	TARKA	NC
enalapril/hctz	G		
fosinopril (hctz)	G	Cholesterol Lowering Agents	
lisinopril (GW)	G	ANTARA	G
lisinopril/hctz	G	cholestyramine (light)	G
moexipril/hctz	G	gemfibrozil	G
quinapril (hctz)	G	LOFIBRA	G
trandolapril	G	lovastatin	G
ACEON (∅)	B	pravastatin	G
ALTACE	NC	simvastatin	G
MONOPRIL (HCT)	NC	ADVICOR	B
UNIVASC	NC	CADUET	B
		CRESTOR (∅/QL = 30 tabs/Rx)	B
Angiotensin Receptor Blockers		LESCOL (XL)	B
ATACAND (∅)	B	LIPITOR (∅)	B
ATACAND HCTZ	B	LOVAZA	B
AVALIDE	B	NIASPAN	B
AVAPRO (∅)	B	VYTORIN (QL = 30 tabs/Rx)	B
DIOVAN (∅)	B	ZETIA	B
DIOVAN HCTZ	B	ALTOPREV	NC
BENICAR (HCTZ)	NC	TRICOR	NC
COZAAR	NC	WELCHOL	NC
HYZAAR	NC		
MICARDIS (HCTZ)	NC		
TEVETEN	NC		
		CNS & ANS AGENTS	
Calcium Channel Blockers		Analgesics	
amlodipine	G	acetaminophen/codeine	G
amlodipine/benazepril	G	hydrocodone/acetaminophen	G
diltiazem (all generic forms)	G	fentanyl TD patch	G
nicardipine	G	morphine sulfate (er)	G
nifedipine (er)	G	immediate-release (MSIR)	G

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oxycodone/acetaminophen	G	budeprion XL 300mg	G
oxycodone er (QL=120 tab/Rx)	G	bupropion sr	G
tramadol	G	citalopram	G
OXYCONTIN (QL=120 tab/Rx)	B	fluoxetine (GW)	G
AVINZA	NC	mirtazapine	G
KADIAN	NC	nefazodone	G
		nortriptyline	G
Migraine Agents		paroxetine	G
generic Midrin equivalent	G	sertraline	G
AMERGE (QL= 9 tabs/Rx)	B	trazodone	G
DEPAKOTE ER	B	venlafaxine	G
FIORINAL	B	CYMBALTA	B
IMITREX tablet (QL= 9 tabs/Rx)	B	EFFEXOR XR	B
IMITREX nasal spr (QL= 6 spr/Rx)	B	LEXAPRO (φ)	B
IMITREX inj (QL= 4 inj/Rx)	B	PAXIL CR	B
MAXALT (MLT) (QL= 12 tabs/Rx)	B	WELLBUTRIN XL	B
MIDRIN	B	SARAFEM/PROZAC WEEKLY	NC
ZOMIG (ZMT) (QL= 9 tabs/Rx)	B		
ZOMIG nasal spr (QL= 6 spr/Rx)	B	Anti-Psychotic Agents	
AXERT	NC	clozapine	G
FROVA	NC	haloperidol	G
RELPAK	NC	ABILIFY (φ)	B
		ABILIFY DISCMELT	B
Anti-Anxiety Agents & Sedatives		GEODON	B
alprazolam (er)	G	RISPERDAL (φ)	B
bupirone	G	SEROQUEL (φ)	B
lorazepam	G	SEROQUEL XR	B
temazepam	G	SYMBYAX	B
zolpidem	G	ZYPREXA (φ)	B
SONATA	NC	ZYPREXA ZYDIS	B
Anti-Convulsants		Stimulants	
carbamazepine	G	dexmethylphenidate	G
clonazepam	G	generic Adderall equiv	G
gabapentin tabs/caps	G	methylphenidate (er)	G
phenobarbital	G	ADDERALL XR	B
phenytoin sodium er	G	CONCERTA	B
CARBATROL	B	DAYTRANA	B
DEPAKOTE	B	FOCALIN XR	B
DILANTIN	B	METADATE CD	NC
KEPPRA	B	STRATTERA	NC
LYRICA	B	Weight loss agents (e.g. XENICAL)	NC
TOPAMAX (PA, φ)	B		
TRILEPTAL	B	Anti-Parkinson Agents	
TEGRETOL-XR	NC	carbidopa/levodopa	G
		pergolide	G
Anti-Depressants		selegiline	G
amitriptyline	G		

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AZILECT	B	ENBREL (SP/PA)	B
COMTAN	B	RAPTIVA (SP/PA)	B
MIRAPEX (φ)	B	TAZORAC	NC
REQUIP	B		
STALEVO	B	Miscellaneous Topical Agents	
TASMAR	NC	lidocaine/prilocaine cream	G
		lindane (lotion/shampoo)	G
Miscellaneous CNS Agents		metronidazole topical gel 0.75%	G
chloral hydrate	G	ALDARA	B
lithium carbonate (ER)	G	ELIDEL	B
ARICEPT (φ)	B	PROTOPIC	B
EXELON (patch)	B	REGRANEX (QL=2-15gm tubes/copy)	B
NAMENDA	B	ELIMITE	NC
RAZADYNE (φ)	B	hydroquinone	NC
COGNEX	NC	RENOVA	NC

DERMATOLOGICALS

Topical Anti-Infectives

erythromycin gel	G
mupirocin ointment	G
silver sulfadiazine cream	G
BACTROBAN CREAM	B
DENAVIR CREAM	B
ZOVIRAX OINTMENT	B

Topical Anti-Fungals

ciclopirox cream	G
clotrimazole/betamethasone cr	G
ketoconazole cream	G
ketoconazole shampoo	G
nystatin cream	G
VYTONE CREAM	NC
PENLAC	NC

Acne Agents

clindamycin topical soln	G
generic ACCUTANE equivs	G
tretinoin (PA)+	G
DIFFERIN (PA)+	B
RETIN-A MICRO gel (PA)+ +PA required if age 35 or older	B
AZELEX	NC
BENZAOLIN	NC
benzoyl peroxide products	NC

Psoriasis/Eczema Agents

DOVONEX CREAM	B
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EYES & EARS

Otics

acetic acid	G
neomycin/polymyxin/HC	G
CERUMENEX	B
CIPRODEX	B
FLOXIN OTIC	B
CIPRO HC	NC

Ophthalmic Anti-Infectives/ Steroids

bacitracin/polymyxin b	G
ciprofloxacin ophthalmic susp	G
gentamycin soln	G
ofloxacin ophthalmic susp	G
prednisolone soln	G
tobramycin soln	G
ALREX	B
CORTISPORIN ophthalmic susp	B
LOTEMAX	B
TOBRADEX	B
VIGAMOX	B
QUIXIN	NC
ZYMAR	NC

Glaucoma Agents

levobunolol	G
pilocarpine oph sol	G
timolol maleate	G
ALPHAGAN-P	B
AZOPT	B

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BETIMOL	B	UROXATRAL	B
BETOPTIC-S	B	FLOMAX	NC
COSOPT	B	OXYTROL patches	NC
LUMIGAN (QL=2.5ml/Rx)	B	SANCTURA	NC
TRAVATAN (Z) (QL=2.5ml/Rx)	B	VESICARE	NC
TRUSOPT	B	VIAGRA	NC
XALATAN (QL=2.5ml/Rx)	B		

Misc. Ophthalmic Agents

ACULAR	B
ALAMAST	B
ALOCRIAL	B
ALOMIDE	B
ELESTAT	B
NEVANAC	B
PATANOL	B
RESTASIS (PA)	B
XIBROM	B
OPTIVAR	NC

GASTROINTESTINAL

Antiulcer Agents

cimetidine	G
famotidine (GW)	G
PRILOSEC OTC	G
ranitidine (GW)	G
ACIPHEX (ST)	B
PROTONIX (ST)	B
AXID	NC
CYTOTEC	NC
PREVACID caps/PREVPAC	NC
PREVACID (granules/solutabs)+	NC
ZEGERID POWDER+	NC
+Covered if under age 12	
NEXIUM, omeprazole (Rx only)	NC

Urinary Agents

doxazosin (GW)	G
finasteride	G
oxybutynin (er)	G
terazosin (GW)	G
AVODART	B
DETROL LA	B
ENABLEX	B
MACROBID	B

ANTINEOPLASTICS/ IMMUNOSUPPRESSANTS

azathioprine	G
cyclosporine	G
tamoxifen	G
ARIMIDEX	B
CELLCEPT	B

DIABETIC AGENTS

Diabetic Supplies

Accu-Chek meters	—
Freestyle meters	—
(Flash, Freedom, Lite)	—
Accu-Chek test strips	B
Freestyle test strips	B
Freestyle Lite test strips	B
Novofine pen needles	B
Precision insulin syringe	B
Non-formulary meters/ diabetic supplies	NC

Hypoglycemic Agents

glimepiride	G
glipizide (GW)	G
glipizide er	G
glyburide (GW)	G
metformin (GW)	G
metformin er	G
metformin/glyburide	G
ACTOPLUS MET	B
ACTOS (ø)	B
AVANDIA (ø)	B
AVANDAMET	B
AVANDARYL	B
BYETTA	B
HUMULIN 50/50 insulin	B
JANUMET	B
JANUVIA (ø)	B

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LANTUS insulin	B
LEVEMIR	B
NOVOLIN VIALS/PENS/CARTS	B
NOVOLOG VIALS/PENS/CARTS	B
PRECOSE	B
APIDRA	NC
HUMULIN N, R, or 70/30 insulin	NC
HUMALOG insulin (all forms)	NC
PRANDIN	NC
STARLIX	NC

THYROID AGENTS

levothyroxine	G
levoxyl	G
methimazole	G
thyroid	G
ARMOUR THYROID	B
CYTOMEL	B
SYNTHROID	B
THYROLAR	B

MUSCULOSKELETAL

NSAIDs

diclofenac	G
generic XR products	G
ibuprofen	G
ketorolac (<i>QL= 5 days tx</i>)	G
meloxicam (<i>PA/QL</i>)	G
nabumetone	G
piroxicam	G
sulindac	G
ARTHROTEC	NC
PONSTEL	NC

COX-2 Inhibitors

CELEBREX (ST/QL)	B
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OB/GYN AGENTS

Contraceptives

generics	G
NUVARING	B
ORTHO EVRA	B
ORTHO TRI-CYCLEN LO	B
YASMIN	B

YAZ	B
All other Brand Contraceptives	NC

Estrogens/Combinations

estradiol tablet (<i>GW</i>)	G
CLIMARA	B
COMBIPATCH	B
ESTRACE (vaginal cream)	B
ESTRATEST (H.S.)	B
PREMARIN/PREMPRO/ PREMPHASE	B
VIVELLE (DOT)	B
ACTIVELLA	NC
ALORA	NC
CENESTIN	NC
CLIMARA PRO	NC
ESTRADERM	NC
ESTRASORB	NC
MENOSTAR	NC
ORTHO-PREFEST	NC

Osteoporosis Agents

EVISTA	B
FORTEO (<i>SP</i>)	B
FOSAMAX	B
MIACALCIN (<i>SP</i>)	B
ACTONEL	NC
BONIVA	NC
DIDRONEL	NC

RESPIRATORY AGENTS

Nasal Products

fluticasone nasal spray	G
ASTELIN	B
NASONEX	B
RHINOCORT AQUA	B
VERAMYST	B
ATROVENT nasal spray	NC
BECONASE (AQ)	NC
NASACORT AQ	NC
NASAREL	NC
TRI-NASAL	NC

Antihistamines

alavert OTC (allergy-sinus)	G
cyproheptadine	G

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fexofenadine	G
hydroxyzine	G
loratadine (GW)	G
CLARITIN OTC (all forms)	B
ALLEGRA-D	B
ZYRTEC (D)++	NC
++Syrup covered if under age 2	
CLARINEX	NC
CLARINEX REDITAB	NC

Leukotriene Modifiers

SINGULAIR	B
ACCOLATE	NC

Asthma/Pulmonary Agents

albuterol inhaler/neb	G
cromolyn nebulizer solution	G
ipratropium nebulizer solution	G
ADVAIR DISKUS	B
ADVAIR HFA	B
ASMANEX inhaler	B
COMBIVENT inhaler	B
FLOVENT inhaler/rotadisk	B
FORADIL AEROLIZER	B
MAXAIR inhaler	B
PROAIR HFA	B
PROVENTIL HFA inhaler	B
PULMICORT RESPULES/ TURBUHALER/FLEXHALER	B
SEREVENT DISKUS	B
SPIRIVA capsules/HandiHaler	B
SYMBICORT	B
VENTOLIN HFA	B
ACCUNEB/DUONEB solution	NC
AEROBID inhaler	NC
AZMACORT	NC

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PA=Prior authorization required; criteria needs to be met for product to be covered
QL=Quantity limits apply
¢=RxCENTS Program
GW=Generic Copay Waiver Program
NC=Not covered
SP=Available through Navitus Specialty Pharmacy Program
ST=Step Therapy
G=Generics
B=Brands

Reading the Drug List

Generic drugs are listed in all lower case letters; brand name drugs are listed in all upper case letters.

		Relative Cost to Member
G	Generics and some Preferred Brands	\$4.00
B	Brands	\$8.00
NC	Not Covered	—

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE (vaginal cream), or more than one form of the drug, e.g. ZOMIG (ZMT). Quantity limits provided are for prescriptions filled at retail pharmacies; please consult complete version of your formulary for mail order quantity limits.

This formulary is not inclusive nor does it guarantee coverage. It is an abbreviated list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed for Navitus members. This document is subject to change. The most updated version of this document as well as a complete formulary listing is available at www.navitus.com or upon request. Drugs will be dispensed generically when acceptable generic equivalents are available. This document is copyrighted by Navitus Health Solutions® and may be reprinted for personal use only.

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All newly approved drugs on the market will initially NOT be covered, pending further review by the Navitus P and T Committee. Brand drugs having therapeutically equivalent generic products available will be Not Covered unless otherwise noted.

A complete version of the Navitus Formulary, as well as information concerning prior authorization and clinical programs is available at:

www.navitus.com